

FILED JUN 14 1955

STANDARD CERTIFICATE OF DEATH

State File No. **15892**

BIRTH NO. _____ REG. DIST. NO. **171** PRIMARY REG. DIST. NO. **4267** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cooper	
b. CITY OR TOWN Odesa	c. LENGTH OF STAY (limited to 30 days) 7 days	c. CITY OR TOWN Pilot Grove	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Halsey c. (Last) Quigley			4. DATE OF DEATH (Month) (Day) (Year) May 29, 1955		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH April 26, 1880	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Irvin W. Quigley	13b. MOTHER'S MAIDEN NAME Not Known	14. NAME OF HUSBAND OR WIFE Gertrude Quigley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Kenneth Quigley, Odesa, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease DUE TO (c) 331X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No injury	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-23**, 19**55**, to **5-29**, 19**55**, that I last saw the deceased alive on **5-27**, 19**55**, and that death occurred at **7:45 PM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Martin	23b. ADDRESS Odesa, Mo.	23c. DATE SIGNED 5-29-55
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE May 31, 1955	24c. NAME OF CEMETERY OR CREMATORY Pilot Grove Cemetery	24d. LOCATION (City, town, or county) (State) Pilot Grove, Mo.
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DATE REC'D BY LOCAL REG. 5-30-55	REGISTRAR'S SIGNATURE Emma Davidson	453-	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Husman Sparks Odesa, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 9 1956

JUL 1

1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William T. Spar*

Licensed Embalmer No. *H.H.*

P. O. Address *Oessa*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.